

count that is acceptable and the minimum total cell dose necessary to proceed to transplant. To ensure that we capture all collection processes we have an algorithm for growth factor (GCSF) based mobilizations and one for chemo mobilization.

Findings & Interpretation: Rather than having to make multiple phone calls to multiple members of our BMT team in order to formulate a plan, all information goes through the on call BMT Nurse Coordinator. If assistance is needed with judgment calls the PharmD is pulled in first.

Discussion & Implications: This has greatly decreased calls to our attending physicians. The on call Coordinator communicates to the BMT team any decisions that are made outside the algorithm.

This presentation will detail: the steps that we went through as we developed our algorithms, reasons that it works well for us, and lessons we learned along the way.

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Preparation of the New Graduate RN for Care of the Hematopoietic Cell Transplant Patient: An Orientation Reconstruction Story

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Topic Significance & Study Purpose/Background/

Rationale: Caring for patients undergoing hematopoietic cell transplantation (HCT) is a complex endeavor and requires an understanding of diverse clinical situations. Nurses at the University of North Carolina Hospital care for a mixed population of adult and pediatric patients in a 16 bed unit. This care can be particularly challenging for new graduate nurses, as it requires managing chemotherapy, biotherapy, rare diseases and infectious complications. In an effort to better prepare new graduate nurses to care for this complex patient population, nursing leaders collaborated with a multidisciplinary team to evaluate the current orientation process and identify opportunities for improvement.

Methods, Intervention, & Analysis: Subject matter experts were interviewed. Three key areas for improvement were identified: streamline the orientation checklist, improve front-end education, and preceptor development. Although educational opportunities were offered during the first year, these were often months after orientation ended. Orientation checklists were restructured to concurrently lay the foundation for both the basics of nursing care, as well as the fundamentals of HCT management. The multidisciplinary team identified a need for certain topics to be covered earlier on in the orientation process, while more complex issues (such as management of steroid refractory GVH) were delayed. A weekly pathway was created to cover specific diseases, medications and infectious complications of transplant. Subject matter experts from all disciplines within the program were recruited to facilitate these sessions. Preceptors were identified based on completion of preceptor development course and personal desire. Nurse leaders met with each preceptor to review the orientation checklists, expectations and new educational offerings.

Findings & Interpretation: Assessment of checklist revisions and weekly pathway are measured by an individual survey upon completion of orientation and verbal feedback at monthly intervals during orientation. Additionally, an activity evaluation is completed at the end of each weekly lecture. Feedback is collected by nurse leaders and modifications made based on these findings.

Discussion & Implications: Orientation of the new graduate nurse to HCT requires comprehensive education of complex topics. Ongoing evaluation and feedback must be collected and modifications to the orientation program considered. Current resources for preceptors are being explored and enhancements to preceptor development will be ongoing.

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Improving Bedside Communication and Promoting Patient-Centered Care through the Development and Use of Translation Flipbooks

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Topic Significance & Study Purpose/Background/

Rationale: With the nature of pediatric blood and marrow transplant and the ever-expanding scope of diseases necessitating transplant, our program has seen an increasing number of patients and families coming from diverse backgrounds. In particular, patients from Middle Eastern countries—such as Saudi Arabia, Pakistan, and The United Arab Emirates – are selecting our program for their life-altering therapy. In recent months, up to 25% of our unit census has been comprised of patients who speak limited to no English, with Arabic being their primary language. This presents significant challenges to the entire healthcare team. The bedside nurse, however, is presented with the unique opportunity to communicate vital care-related details on a continual basis. Institutionally provided translational services are limited and often require advanced planning. Translational phone services can also be cumbersome and are often declined by patients and families.

Methods, Intervention, & Analysis: To address the necessary bedside communication needs for momentary tasks and unit routines that may not necessitate full interpretation services or allow for time delays, a clinical tool was developed and implemented. This tool includes 24 key clinical phrases identified as vital by unit nurses, patients and families. The phrases were translated into both Arabic and Spanish via hospital interpreters. The phrases were then formatted into a flipbook – each phrase was listed on an individual page, written in both English and Arabic/Spanish, with an appropriate picture for age and literacy considerations.

Findings & Interpretation: Anecdotally, patients, caregivers and bedside staff have reported great success with utilization of flipbooks for everyday communication needs. Patients, families and caregivers are eager to use this tool and report frequent satisfaction. No formal research has been completed on this clinical tool.

Discussion & Implications: The success of this clinical tool highlights the need for easy-access, instantaneous translation materials. Research could be initiated to study this tool and its effects on patient satisfaction and clinical outcomes. In addition, a more comprehensive and evidenced-based bank of key clinical phrases could be developed for more widespread use and applicability for additional languages and patient populations.

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Development of an Instructional Video to Reinforce Patient Education Regarding Central Venous Catheter Care

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